

## APPLICATION DATA SHEET

80/566912

Electronic Version v14

IAP20 Rec'd PCT/PTO 03 FEB 2006

Stylesheet Version v14.0

<b>Title of Invention</b>	FUNCTIONALIZED POLYMERIC COLLOIDS
Application Type: regular, utility Attorney Docket Number: T1118/20142	
Correspondence address: Customer Number: 03000 *03000*	
Continuing Data:  This is a National Stage of IB application number PCT/US2004/025500, filed 2004-08-06 , now PENDING.	
Priority Data:  Doc.No: 60/493,377; Country - US; Date: 2003-08-07 us-priority- claimed	
Inventors Information:  <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: IN Given Name: Venkatram Middle Name: Prasad Family Name: SHASTRI City of Residence: Nashville	

**State of Residence:** TN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 1303 Hillmeade Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Nashville  
**State of Mailing Address:** TN  
**Postal Code of Mailing Address:** 37221  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 2:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Eric  
**Middle Name:** M.  
**Family Name:** SUSSMAN  
**City of Residence:** Philadelphia  
**State of Residence:** PA  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 206 Dumont Place  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Philadelphia  
**State of Mailing Address:** PA  
**Postal Code of Mailing Address:** 19116  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**

E-mail:

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** I-Wei  
**Family Name:** CHEN  
**City of Residence:** Swarthmore  
**State of Residence:** PA  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 801 Yale Avenue, #403  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Swarthmore  
**State of Mailing Address:** PA  
**Postal Code of Mailing Address:** 19081  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:

03000      \*03000\*

as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Assignee 1:

**Organization Name:** THE CHILDREN'S HOSPITAL OF  
PHILADELPHIA

**Address-1 of Mailing  
Address:** 34th Street and Civic Center Boulevard

**Address-2 of Mailing  
Address:**

**City of Mailing Address:** Philadelphia

**State of Mailing Address:** PA

**Postal Code of Mailing  
Address:** 19104

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**

Assignee 2:

**Organization Name:** THE TRUSTEES OF THE UNIVERSITY OF  
PENNSYLVANIA

**Address-1 of Mailing  
Address:** 3160 Chestnut Street

**Address-2 of Mailing  
Address:** Suite 200

**City of Mailing Address:** Philadelphia

**State of Mailing Address:** PA

**Postal Code of Mailing  
Address:** 19104

**Country of Mailing  
Address:** US

**Phone:**

**Fax:**

E-mail: